SUPPLEMENT

TO THE

BRITISH MEDICAL JOURNAL.

LONDON, SATURDAY, JUNE 30TH, 1928.

CONTENTS.

SUPPLEMENTARY ANNUAL REPORT OF COUNCIL, 1927-28. (*For Contents see below.*)

PAGE

BRITISH MEDICAL ASSOCIATION.

CURRENT NOTES:
SPA PRACTITIONERS GROUP: ANNUAL CONFERENCE 286
CONSULTING PATHOLOGISTS GROUP OF B.M.A.: ANNUAL CONFERENCE 286
ASSOCIATION NOTICES 286
MEETINGS OF BRANCHES AND DIVISIONS 287
NOTICES OF MOTION BY DIVISIONS 287
VACANCIES 288
DIARY OF SOCIETIES AND LECTURES 288
POST-GRADUATE COURSES AND LECTURES 288
ASSOCIATION INTELLIGENCE AND DIARY 288
BIRTHS, MARRIAGES, AND DEATHS 288

SPECIAL NOTICE TO MEMBERS.

Every Member is requested to preserve this "Supplement," which contains matters specially referred to Divisions, until the subjects have been discussed by the Division to which he or she belongs.

MATTERS REFERRED TO DIVISIONS.

British Medical Association.

SUPPLEMENTARY ANNUAL REPORT OF COUNCIL, 1927-28.

PAGE
Preliminary 277
Building 278
Organization 279
Medico-Political 280
Public Health and Poor Law 281
National Health Insurance 282
Hospitals 283
Naval and Military... 284
Medical Benevolence 284
Oversea Branches 284
APPENDIX.—National Insurance Defence Trust Balance Sheet and Income and Expenditure Account, 1927 ... 286

Preliminary.

OBITUARY.

157. The following is a supplementary list of Members whose deaths the Association deplores:—

Name.	Offices held in the Association.
Dr. Ardeshir Koyaji Contractor	Member of Bombay Branch Council.
Dr. James Will Cook ...	A Chairman of the Bury Division.
Dr. Timothy Corkery ...	A Member of the Executive Committee of the Chesterfield Division.
Dr. Thomas Augustus Davidson	A Member of the Ulster Branch Council.
Mr. Wm. James Foster ...	A President of the Oxford and Reading Branch.
Dr. Alfred Charles Edward Harris	A President of the Lancashire and Cheshire Branch and a Chairman and Representative of the Birkenhead Division.
Dr. Wm. James Howarth, C.B.E.	A Member of the Public Health, and Insurance Acts Committees.
Dr. Wm. Robert Yeates Ives	A Vice-President of the Southern Branch and a Chairman of the Southampton Division.
Mr. Archibald Mason Jones	A Representative and Assistant Secretary of the Cardiff Division. A Vice-President of the Section of Laryngology and Otology at the forthcoming Annual Meeting at Cardiff.
Dr. James Alexander Macdonald	Member of Council, Chairman 1913 to 1920. Chairman of Representative Body, 1907 to 1909. Chairman of Journal Committee. President of Section of Medical Sociology, 1910.
Dr. Thomas MacDonald ...	A President of the Northern Counties of Scotland Branch.
Dr. James McHardy	A President of the Aberdeen Branch.
Dr. John Wm. Mackenzie, O.B.E.	A Secretary of the Inverness Division. A Vice-President of the Northern Counties of Scotland Branch.
Dr. Arthur Manknell ...	Member of Council. A Member of the Public Health, Medico-Political and Parliamentary, and Arrangements Committees. A Chairman and Representative of the Bradford Division. President of Section of Medical Sociology, 1924.
Dr. John More	A Chairman of the Northamptonshire Division.
Dr. Tom Dryden Nicholson	A Member of the Border Counties Branch Council.
Dr. Arthur Alfred Pratt ...	A Chairman of the North Lincolnshire Division.

Name.	Offices held in the Association.
Dr. George Edward Shuttleworth	Member of Council, 1899-1903. Member of Parliamentary Bills Committee, a President of the Lancashire and Cheshire Branch, a Vice-Chairman of the Hampstead Division and a Member of the Metropolitan Counties Branch Council. Secretary, 1883, and Vice-President, 1885 and 1906, of Section of Psychology.
Mr. Thomas Waddelow Smith	Secretary of Section of Neurology and Psychology, 1926.
Dr. William Snodgrass ...	Member of Council 1919-22. A Chairman of the Glasgow North-Western Division, a Chairman of Scottish and a Member of Arrangements Committees.
Dr. John Barclay Stewart ...	A Chairman of the Bury Division.
Dr. David Lewis Williams ...	A Chairman of the South West Wales Division.

Dr. Allan Huston Adams, Dr. Albert James Beesley, Dr. John Meara Burke, Dr. Oliver Carlyle, Dr. John Donal Carroll, M.C., Dr. Vincent Theodore Carruthers, Dr. Edwin Clark-Jones, Dr. Colin Richard Cole, Dr. Egbert John Connell, Dr. Henry Charles Morriset Delohery, Dr. Joseph Hiorns Fenn, Dr. James Peter Fitzsimmons, Dr. Andrew Gilmour, Dr. Harry Groom, Dr. John Walter Barron Hannington, Dr. David Heard, Dr. Henry Louis Powell Hulbert, Dr. Reginald Edward Ingram-Johnson, Dr. Spencer Jackson, Dr. Harry Jessop, Dr. Schalk Willem Joubert, Dr. Basil Carlyle Kennedy, Dr. John Timothy Kennedy, Dr. Alfred James Lowe, Dr. Kenneth Alexander Maclean, M.C., Dr. James Macpherson, Dr. Albert George Meares, Dr. Wm. Gardner Neill, Dr. John Oswald, Lt.-Col. Edward Ernest Parkes, R.A.M.C., Dr. Elizabeth Park Young Paterson, Dr. Reginald Spencer Pearson, Dr. Thomas Philip, Dr. Robert Johnson Pirie, Dr. Robert David Prichard, Dr. John Lawson Rankine, Dr. Herbert Midgeley Reeve, Dr. Harry Sautelle Roberts, Dr. Robert Roger, Dr. Robert Rosie, Dr. Jane Buchanan Henderson Ruthven, Dr. Hubert John Satchwell, Dr. Neill Campbell Scott, Dr. Timothy Francis Sheehan, Dr. Francis Wm. Squair, Dr. Vytilingam Supramaniam, Dr. Henry Mortlock Waller, Dr. Sidney Winslow Woollett, O.B.E., Dr. Wm. Alexander Young.

DR. J. A. MACDONALD.

158. The Council feels that something more than the ordinary formal notice is due to the memory of Dr. J. A. Macdonald, who for many years not only served the Association with all his strength in many official capacities, but was an outstanding personality who earned the respect and the affection of all who knew him.

BIRTHDAY HONOURS.

159. The Council has pleasure in reporting that Honours have been conferred upon the following members, to whom the congratulations of the Association have been sent:—

Companion of Honour.

Prof. J. S. Haldane, F.R.S., Oxford.

K.C.M.G.

Sir Wm. Thomas Prout, C.M.G., O.B.E., London.

K.C.V.O.

Prof. John Marnoch, Aberdeen.

K.B.E.

Major-Gen. W. H. Ogilvie, C.B., C.M.G., K.H.P., I.M.S.

Knighthood.

Lt.-Col. H. S. Newland, Adelaide.
Dr. T. Watts, M.P., Manchester.

SIR CHARLES HASTINGS FUND.

160. This Fund was instituted in 1925 by an endowment of about £70 a year due to the generosity of the late Lt.-Col. J. W. F. Rait, I.M.S., and Mrs. Rait. Colonel Rait thought there was room for a fund which could be used promptly and with less formality than the other medical benevolent funds in existence. He particularly wished the Trustees to be able to give at their entire discretion grants or loans to help members of the profession or their dependants in emergency. The Trustees are the Chairman of the Representative Body, the Chairman of Council and the Medical Secretary. Small grants have been made in a number of cases, mostly in the form of loans, to meet difficulties not likely to recur and which demanded instant action. For example, in several instances loans (without interest and to be repaid when the recipient is in a position to pay) have been made to the sons or daughters of doctors who have died while their children were in the middle of their education. These loans have enabled these very deserving cases to meet class or examination fees. A promising young doctor whose health had broken down was advanced money to enable him to complete a sanatorium course which was benefiting his health but stood in danger of being interrupted for want of funds. These are only a few examples of the uses to which the Fund has been put and the Trustees are glad to feel that the Fund is serving the purpose which its honoured founders had in mind. It is hoped that Colonel Rait's wish may be fulfilled and that other members of the profession may see their way to add to the capital of the Fund, either by donation or bequest.

GIFT FROM THE NEW ZEALAND BRANCH.

161. Mr. Victor Bonney, the official delegate of the Association at the Annual Meeting of the New Zealand Branch has brought back with him a present which he was asked by the Branch to transmit to the Council. It consists of a handsome inkstand of New Zealand wood, greenstone and silver, and it is inscribed "*Coelum non animum mutant qui trans mare currunt.*"

The Council welcomes this evidence of the loyalty and affection of one of its most distant and most successful Branches and is proud to have this token of kinship to exhibit in the House in proximity to the President's Chair which was the gift of the Australian Branches.

ANNUAL MEETING, 1930.

162. The Council has approved certain arrangements with respect to the Annual Meeting at Winnipeg, in 1930, and hopes to publish details as to travelling facilities, etc., at an early date.

The Council recommends:—

Recommendation: That W. Harvey Smith, M.D., Winnipeg, be elected President of the Association, 1930-31.

APPOINTMENTS DURING YEAR OF REPRESENTATIVES OF ASSOCIATION ON OUTSIDE BODIES.

(Continuation of para. 24 of Annual Report.)

163. The following further appointments have been made by the Council:—Departmental Committee on Midwives Act, Dr. J. W. Bone; Fourteenth Annual Conference of the National Association for the Prevention of Tuberculosis, the President; 1928 National Conference on Maternity and Child Welfare, Dr. W. Paterson; Advisory Committee of Pharmaceutical Society *re* Control of Therapeutic Substances, Sir Humphry Rolleston; Court of Governors of University College of South-West England, Mr. Russell Coombe; British Empire Cancer Campaign International Convention, 1928, Mr. R. G. Hogarth and Sir Thomas Horder, Bart.

NEW SOUTH WALES MEDICAL ROLL OF HONOUR.

164. The Council has been pleased to accept a handsomely bound copy of the New South Wales Medical Roll of Honour, containing the date of appointment to service and the honours, if any, of all members of the medical profession in New South Wales who served overseas. The Roll of Honour may be inspected in the Library of the Association.

PSYCHO-ANALYSIS COMMITTEE.

165. The Committee appointed by the Council in 1926 to consider, pursuant to the instruction of the A.R.M., the subject of Psycho-Analysis is still considering its reference. Although meetings have been held monthly throughout the session, the work of the Committee is not sufficiently advanced to permit of any report being made at this stage.

Building.

166. The Council, in view of the great importance of the matter and to ensure continuity in the negotiations and the control of the building operations, has appointed a special Building Committee to consider all questions of rebuilding in connection with the premises of the Association. This special Committee consists of Sir Robert Bolam (Chairman), Dr. H. B. Brackenbury, Mr. N. Bishop Harman, Dr. C. O. Hawthorne, and Dr. R. Wallace Henry, together with the chief officials of the Association acting in an advisory capacity.

TAVISTOCK SQUARE.

Information was received that Tavistock Square, where the London House of the Association stands, formed part of a Town Planning Scheme under which it was scheduled as residential and not for commercial purposes. Assurance was thereupon sought and obtained that the B.M.A. House was outside the boundaries of the Town Planning Scheme and that, in any case, the Association's building proposals will not be affected.

DEMOLITION.

Possession was obtained early in September, 1927, of two of the five houses fronting the main road, and the work of demolition was commenced at the earliest possible moment. It was then found that arrangements could conveniently be made for re-housing the two tenants in the other three houses and for proceeding with Blocks A and B together, thus reducing the cost of demolition, excavation and rebuilding. The demolitions have been completed, and the work of excavation is being pushed rapidly forward. It has been found necessary to close the private road leading into the Association's premises, but a covered wooden way has been erected, in order to interfere to as small an extent as possible with the convenience of visitors to the premises.

CONTRACT.

After due enquiry and consideration, the Council approved the erection of Blocks A and B by means of a contract embodying a schedule of agreed prices for work carried out, in lieu of a tender with one price for the complete building. Under such a scheme greater latitude is allowed for alterations which may be found to be necessary or desirable, and no payment is made for work included in the original scheme and subsequently omitted.

BUILDING LINE.

Very protracted negotiations were necessary with both the Bedford Estate Office and the London County Council over the questions of the front building line and the party walls on the north and south of the proposed extensions. The west side of the main road on which the extension of the B.M.A. House will front had already been settled, and both the Bedford Estate Office and the London County Council, together with the local Borough Council, desired to set out a general building line extending for nearly three-quarters of a mile. Some difficulty was experienced in adjusting the variations in the lines upon which the demolished houses stood. Formal consent from the London County Council has now been obtained to the plan submitted, and the party wall awards setting out the necessary underpinning, position of stanchions, and lighting areas to be left have been duly signed.

CLERK OF WORKS.

A Clerk of Works of standing and considerable experience has been appointed.

HOARDINGS.

Consideration was given to the possibility of letting the hoardings fronting the main road to poster advertisers but it was found desirable to utilise the space for announcements concerning the extension of the B.M.A. House, the organisations housed therein, and the prospective tenants.

SCOTLAND.

A scheme for the extension of the Scottish House of the Association, by the purchase of No. 7, Drumsheugh Gardens, Edinburgh, and the reconstruction of portions of Nos. 6 and 7, Drumsheugh Gardens, has been considered and approved. The work is being carried through; details are given in this report under the heading of "Scotland."

Organisation.

(Continuation of paras. 47-62 of Annual Report.)

HONORARY SECRETARIES WHO HAVE RELINQUISHED OFFICE.

167. Since the publication of the last Supplementary Report of Council (*B.M.J.* Supplement, June 25th, 1927) the following Honorary Secretaries of Divisions and Branches have relinquished office. The Council takes great pleasure in extending to these officers the thanks of the Association, realising as it does that the success of the Association depends very largely upon those who occupy the position of Secretaries of local units of the Association.

Honorary Secretaries of Divisions.

Division or Branch.	Name of Secretary.	Year of Appointment.
Aberdeen	F. K. Smith	1915
,,	H. E. Smith	1922
Assam Valley	F. W. O'Connor	1926
,, ,,	E. A. M. J. Goldie	1927
Ayrshire	A. Scott (Asst.)	1927
Barnstaple	S. C. Shaw	1922
Birmingham Central	W. H. Marris	1925
Blackburn	J. Shearer	1922
Brighton	L. A. Parry	1920
Cardiff	A. Evans (Jun. Sec.)	1927
Dartford	W. F. Lace	1922
Dover	A. R. Jordan	1920
Dumfries	J. Cromie	1923
Eastbourne	W. Muir Smith (Decd.)	1907
East London	P. W. Laidler	1925
,, ,,	C. Hurwitz	1927
East Norfolk	H. D. Woodroffe	1924
East Yorkshire	W. W. Adamson	1925
Edinburgh & Leith	C. M. Pearson	1925
Glasgow North Western	M. White	1923
Glasgow Southern	W. O. Taylor	1920
Hawkes Bay	S. Scoular	1926
Hyde	G. MacQueen	1925
Inverness	J. W. Mackenzie	1913
Kensington	H. M. Stratford	1922
Lambeth & Southwark	E. L. M. Rusby	1921
Liverpool	R. Kennon	1925
Mid-Cheshire	R. Reid Duncan	1923
Newcastle-on-Tyne	E. Farquhar Murray	1922
North East Ulster	W. Porter	1912
North Glamorgan & Brecknock	A. W. Owen	1926
Northamptonshire	W. M. Robson	1921
Nuneaton & Tamworth	R. J. Cyriax	1925
Otago	W. E. Carswell	1925
Plymouth	S. Noy Scott	1915
Portadown & West Down	J. S. Darling (Deceased)	1904
Rochdale	J. Melvin (Deceased)	1907
Southland	A. A. Stewart	1927
South Middlesex	T. Ruddock-West	1922
Southport	E. W. Lewis	1922
Stockport	F. W. Scholefield (Jt. Sec.)	1922
Stockton	G. C. M. M'Gonigle	1925
Surma Valley	J. Dunlop	1927
Swansea	H. R. Tighe	1923
Taranaki	G. H. Thomson	1925
Wandsworth	J. Kennish	1915
Wanganui	G. H. Robertson	1922
Warrington	D. Meikle	1925
Wellington	G. F. V. Anson	1925
West Bromwich	J. M. Mitchell	1922
West Middlesex	Agnes Dunnett	1922
Western Transvaal	J. C. Truter	1927
Woolwich	W. Remington	1927

Honorary Secretaries of Branches.

Assam	E. A. M. J. Goldie	1927
Birmingham	P. C. Cloake	1926
Border (S.A.)	Gertrude Neale	1925
Border Counties	R. Connell (Asst.)	1926
Edinburgh	John Stevens	1914
,,	F. E. Jardine (Asst.)	1923
Griqualand West	Comyns Duthie	1927
Hongkong and China	S. S. Strahan	1925
Kenya	W. H. Kauntze	1926
Kent	E. A. Starling	1910
Lancashire & Cheshire	A. Corsar Sturrock	1924
Mashonaland	J. W. Hurworth	1925
Metropolitan Cos.	H. M. Stratford	1924
Midland	C. C. Binns	1926
New Zealand	D. E. Fenwick	1925
Southern	Lockhart E. W. Stephens	1920
South Indian & Madras	Clive Newcombe	1927
South Midland	E. Broughton Barnes	1924
Southern Transvaal	Max Greenberg	1924
Tanganyika	S. Mackenzie	1927
Tasmanian	E. Brettingham Moore	1927
	A. L. Giblin	1927
Uganda	W. L. Webb	1926
West Somerset	W. G. Parker	1925

Medico-Political.

ASSISTANT MEDICAL OFFICERS TO MENTAL HOSPITALS.

(Continuation of para. 93 of Annual Report of Council.)

168. The Council desires that further time should be allowed during which negotiations may take place with the bodies concerned and considers that it would therefore be appropriate if the Representative Body at the present time confined itself to a general discussion of the proposals contained in Recommendations B to E, leaving over until the A.R.M. 1929 any question of formulation of policy:—

The Council recommends:—

Recommendation: That Recommendations B, C, D and E contained in para. 93 of the Annual Report of Council relative to salaries of assistant medical officers to mental hospitals be given general approval, but not made part of the policy of the Association until there has been a further opportunity for negotiations between the Association and the bodies concerned with the appointment of assistant medical officers to mental hospitals.

ENCROACHMENTS ON THE SPHERE OF PRIVATE PRACTICE.

(Continuation of para. 91 of Annual Report of Council.)

169. The Special Committee has received a report by the Medical Secretary on the result of his observations with regard to the publicly supplied medical services in several typical areas. This report will be used as the basis of a report which the Council hopes to be able to present to the Divisions in the autumn. In the meantime the Council desires to express its thanks to the Medical Officers of Health in the areas visited, for the generous assistance given to the Medical Secretary during his visits; and also to those Medical Officers who replied so promptly and freely to the requests made to them for particulars of the services in their areas.

ANTE-NATAL WORK.

170. The following resolution was passed by the A.R.M. 1927:—

Minute 142.—Resolved: That it be an instruction to the Council to consider the Midwives Act, 1918, in the interests of all concerned with ante-natal work.

As certain of the questions involved in the above reference are being discussed by the Private Practice Committee, and by the Puerperal Morbidity and Mortality Committee, and others will come under the consideration of the Departmental Committee referred to in the next paragraph, the Council considers it inadvisable to present to the Representative Body at the present time any detailed report upon the subject matter of above Minute 142.

A Departmental Committee consisting of Sir Robert Bolam (Chairman), Dr. J. W. Bone, Dame Janet M. Campbell, Lady Cynthia Colville, Dr. W. A. Daley, Mr. J. S. Fairbairn, F.R.C.S., Dr. T. Eustace Hill, Miss Alice Gregory, Mr. A. B. MacLachlan, Dr. F. N. Kay Menzies, Mrs. Bruce Richmond and Miss Stephenson has been appointed with the following reference:—

"To consider the working of the Midwives Acts, 1902 to 1926, with particular reference to the training of midwives (including its relation to the education of medical students in midwifery), and the conditions under which midwives are employed."

and the Council has authorised the preparation of evidence on the lines of the reference to the Departmental Committee and the nomination of witnesses to give evidence on behalf of the Association before that Committee.

GENERAL MEDICAL COUNCIL BY-ELECTION, 1928.

171. In November, 1924, at the election of four Direct Representatives for England and Wales on the General Medical Council the Association's candidates, namely, Sir Robert Bolam, H. B. Brackenbury, J. A. Macdonald, and Sir Jenner Verrall, were returned. The Council regrets to have to report that through the death of Dr. J. A. Macdonald a by-election is imminent. There is also another vacancy caused by the election of Sir Robert Bolam as representative on the General Medical Council for the University of Durham and his consequent resignation of office as a Direct Representative.

The Council has put into operation the following scheme in connection with the two vacancies:—

(1) The Medico-Political Committee shall cause to be circulated as early as possible a notice to every Division in England and Wales (i) advising the Divisions of the fact that an election of two Direct Representatives on the General Medical Council for England and Wales will in the ordinary course take place in October, 1928; (ii) requesting that the Divisions shall call meetings of the whole profession in their areas in order to take this matter into consideration; and (iii) asking to be informed not later than July 2nd, 1928, of the names of any person or persons, legally qualified for election, whom such meetings may deem suitable to be nominated for election as a Direct Representative.

(2) The Committee shall cause a list to be prepared of those persons, legally qualified for election, who shall have been named in the manner provided in Clause (1). The said list shall be circulated to the Divisions at the earliest possible date before the Annual Representative Meeting, 1928, and each constituency shall be requested to adopt such resolutions as may enable its Representative at the Annual Representative Meeting, 1928, to give effect to the wishes of the constituency in a vote taken in the manner hereinafter prescribed.

(3) At the time of the Annual Representative Meeting, 1928, a Special Meeting of Representatives of Divisions in England and Wales shall be convened, to select from the list of nominees two persons for nomination as Candidates. Voting shall be by ballot. The Candidates who receive the greatest number of votes shall be deemed to be the Candidates selected for support by the Association.

(4) The Medico-Political Committee shall arrange that the persons so selected shall be duly nominated on behalf of the Association as Candidates for the office of Direct Representatives on the General Medical Council, and every effort shall be made by the Association to secure the election of the said Candidates.

Declaration by Candidate.

I, the undersigned, hereby consent if duly selected in accordance with the procedure mentioned above, to be nominated as a Candidate at the election in 1928 of two Direct Representatives on the General Medical Council for England and Wales.

Signed .....

Qualifications .....

Address .....

The scheme is with slight variations the same as that approved by the A.R.M. in 1915, the only important exception being that the nomination of Candidates from whom the final selection is to be made at the A.R.M. is by meetings of the whole profession and not by Division meetings.

INTERNATIONAL MEDICAL SEA CODE.

(Continuation of para. 92 of Annual Report of Council.)

172. The Council has drawn up a simple questionnaire on the signs and symptoms of disease and injuries for the use of master mariners when seeking medical advice by wireless from a surgeon on another ship or on shore, and has submitted it to the Board of Trade with a request that the Board will assist the Council in its attempt to draw up an international medical sea code by having the questionnaire set into code (or cipher). In order that the code may be of further assistance to master mariners the Council proposes to preface it with explanatory notes and sample messages.

CHIROPODISTS (REGISTRATION) BILL.

173. The Chiropodists (Registration) Bill, introduced into the House of Lords on 2nd May, 1928, by Viscount Novar and down for second reading on 18th July, 1928, has for its object the recognition by the State of chiropodists as a class of special practitioner. A chiropodist is defined as:—

"A person who practises chiropody";

and "Chiropody"

"means and includes the diagnosis and medical, mechanical or surgical treatment of foot ailments such as abnormal nails, bunions, corns, warts, and callosities, but does not include the performance of operations for which an anæsthetic is required."

The Council recommends:—

Recommendation: That it is undesirable that chiropodists should be recognised in a special register as such register would convey to the public that chiropodists were competent to undertake the diagnosis and treatment of diseases of the feet.

INVESTIGATIONS INTO MATERNAL DEATHS, STILL BIRTHS, NEO-NATAL DEATHS AND PUERPERAL FEVER.

174. Arising out of suggestions by the Ministry of Health that an investigation should be conducted into all maternal deaths, still births, neo-natal deaths and cases of puerperal fever, the Council decided that such investigations would be useful if carefully controlled by competent experienced medical officers and if the results were used exclusively for scientific and public health purposes, and urged that it was important that, where necessary, such investigation should be followed by the offer of expert advice and assistance, institutional or otherwise. Having received a satisfactory assurance on this matter from the Ministry of Health, the Council (*see* paragraph 39 of Appendix IV to the Annual Report of Council, page 168 of the Supplement of 28th April, 1928)

presses upon Divisions and all members of the profession generally, the necessity of giving all the assistance they can towards making the observations under such investigations as complete and accurate as possible. In Circular 888 the Minister of Health has stated that it is his intention to set up a representative Maternal Mortality Committee which will consider the investigations in question, and, with a view to securing uniformity in the methods of obtaining the information desired, he proposes to invite the Committee to draw up a questionnaire to serve as a guide to authorities in making their investigations and hopes that the Committee will commence its work at an early date.

REGISTRATION OF NURSING HOMES.

(Continuation of para. 98 of Annual Report of Council.)

175. The Council has approved the draft by-laws which the Ministry of Health proposes to issue to local authorities as a model for the by-laws which these authorities may adopt.

MANCHESTER CORPORATION ACT, 1924.

176. Under the Manchester Corporation Act, 1924, a medical practitioner who runs an "establishment for massage or special treatment" (such term including premises used for the reception of persons requiring massage, manicure, chiropody, light, electric, vapour, or other baths, or other similar treatment) may be exempted from registering his house if he lodges with the Corporation a certificate (in the approved form) signed by two medical practitioners practising or residing in the city, not being in partnership with the practitioner concerned or with each other or not having any financial or other interest in the establishment, to the effect that the practitioner concerned is a suitable person to carry on such an establishment. The same position obtains in London under the London County Council General Powers Act, 1915. The Council, while fully recognising the necessity of supervising the activities of persons who are not registered medical practitioners and who are using the above forms of treatment has advised the Manchester Division to point out to the Corporation its objections to the operation of this Act as being a restriction on the legal right of a registered medical practitioner to practise a certain branch of his profession, and to urge that some way be found to remove the restrictions thus placed on medical practitioners.

Public Health and Poor Law.

APPLICATION TO SCOTLAND OF SCALE OF MINIMUM COMMENCING SALARIES FOR WHOLE-TIME PUBLIC HEALTH APPOINTMENTS.

177. The Annual Representative Meeting, 1927 (Minute 135), approved the action of the Council in agreeing for one year to the following modifications of the scale in its application to Scottish appointments:—

(i) that the commencing salary for resident medical officers be £250 to £400, plus emoluments;

(ii) that the commencing salary of medical officers employed in departments be on a graded scale, the average salary over 10 years being not less than £600, the minimum commencing salary to be not less than £500;

(iii) that the scale of commencing salaries for chief medical officers of health be as follows:—

Population not exceeding	50,000	...	£800 to £900
,, ,, ,,	100,000	...	£900 to £1,100
,, ,, ,,	250,000	...	£1,100 to £1,400
,, exceeding	250,000	...	£1,400 to £1,600

(iv) that a minimum commencing salary of not less than £700 may be recognised in county areas, with a population not exceeding 25,000, where co-ordination with an adjoining area is not feasible.

The Council has again given this matter very careful consideration in consultation with the Scottish Committee and the Scottish Branch of the Society of Medical Officers of Health, and has come to the conclusion that under present conditions the scale, as above quoted, offers the best prospect of success in Scotland. As it is understood that the Scottish Board of Health will give no approval of the scale unless it is accepted as a settlement with some assurance of stability the Council recommends:—

Recommendation: That the working arrangement—quoted above—agreed to for one year as from 16th June, 1927, with regard to the application to Scotland of the scale of minimum commencing salaries for whole-time public health appointments be extended for a further period of five years on the understanding that if by the end of that period experience shows that the arrangement had not brought about that measure of success in the application of the scale to Scotland which would justify its continuance, the advisability of reverting to the original scale in Scotland be considered.

APPLICATION TO NORTHERN IRELAND OF SCALE OF MINIMUM COMMENCING SALARIES FOR WHOLE-TIME PUBLIC HEALTH APPOINTMENTS.

178. So far the scale of minimum commencing salaries has only been applied to England and Wales, and Scotland (in the modified form above-mentioned). At the request of the Ulster Branch, the Council now recommends:—

Recommendation: That the scale of minimum commencing salaries for whole-time public health appointments be made applicable to whole-time public health appointments in Northern Ireland.

PUPIL ASSISTANTS TO MEDICAL OFFICERS OF HEALTH.

179. During the present session two advertisements were tendered for insertion in the *B.M.J.* inviting applications for pupil assistants to medical officers of health. In one it was stated that the borough council concerned had authorised its medical officer of health to receive one pupil assistant who would live and be boarded at the isolation hospital and that the conditions afforded exceptional training for the D.P.H. The other stated (1) that the Health Committee of the Borough was prepared to receive applications from medical practitioners who desired training in public health administration; (2) that the appointed practitioner would receive instruction in public health administration and be given duties in connection with sanitation, infectious diseases, tuberculosis, bacteriology, maternity and child welfare and school medical work; (3) that there would be ample time for study, classes, etc., and if necessary the certificate in public health administration required for the D.P.H. would be given. The appointment was offered for six or twelve months, no premium being required and no salary offered.

The only declaration by the Association on the subject of pupil assistants for medical officers of health is the following paragraph which appeared in the Supplementary Report of Council for 1909-10, and was approved by the Annual Representative Meeting in 1910:—

37. A question has arisen as to the insertion in the "British Medical Journal" of an advertisement for an Assistant Medical Officer of Health (pupil), from whom a premium was required. The Council is of opinion that it is undesirable that a premium paying pupil of a Medical Officer of Health should in any circumstances be designated "Assistant Medical Officer of Health," and instructions have been given to decline advertisements of the kind.

The Council is of opinion that appointments of this kind should not be advertised in the "British Medical Journal" as it considers it undesirable that persons who are in *statu pupillari* should be engaged in duties which are ordinarily performed by salaried officials.

The Council recommends:—

Recommendation: That advertisements for pupil assistants to act (a) either as residents in infectious hospitals, sanatoria or institutions of a similar nature, or (b) to do work usually assigned to assistant medical officers of health or assistant school medical officers, should not be accepted for publication in the "British Medical Journal" whether or not a premium be required.

COMBINED APPOINTMENTS OF WHOLE-TIME MEDICAL OFFICER OF HEALTH, POOR-LAW MEDICAL OFFICER AND PUBLIC VACCINATOR.

(Continuation of paras. 119-120 of Annual Report of Council.)

180. In addition to the case referred to in paras. 119-120 of the Annual Report, the Council reports that the Ministry of Health has recently approved a combined appointment of a Medical Officer of Health, Medical Superintendent of Infectious Diseases Hospital, Medical Officer of a Poor Law Institution and District Medical Officer for the Union District and Public Vaccinator on the ground that it must abide by the circular of the Local Government Board of 1910 which definitely encourages such appointments in suitable cases.

FEES FOR INSPECTION OF VAGRANTS FOR DIAGNOSIS OF SMALLPOX.

181. In his circular to Boards of Guardians in England and Wales (No. 859, dated 23.1.28) the Minister of Health stated that, in view of the prevalence of smallpox amongst casuals, such persons should be examined by the medical officer with a view to detecting cases of small pox. The circular also stated that "in view of the extra work and responsibility which may be involved by this addition to the medical officer's normal duties the Minister will be prepared to consider any application which may be made by a Board of Guardians for his sanction to the payment of reasonable additional remuneration to the medical officer."

A number of enquiries have been received as to the fee which the Association considers appropriate for poor-law medical officers for this service, and the Council is in negotiation with the Ministry of Health on the matter.

PUBLIC EDUCATION IN HEALTH.

(Continuation of para. 116 of Annual Report of Council.)

182. Up to 10th May, 1928, only 31 Divisions and Branches had reported the action they were taking in regard to the education of the public in health matters.

STATUS OF MEDICAL OFFICERS OF HEALTH AND TOWN CLERKS.

183. Arising out of correspondence with the Ministry of Health in relation to the status of the M.O.Hs. and Town Clerks the Minister now takes the following position:—

(1) the work of a local authority consists of various elements constituting a whole with reference to which the policy of the authority is framed,

(2) in order to frame that policy, it is necessary for the authority to study these elements in their relations with each other,

(3) to assist it in this process, it requires the services of an officer able to view the work of departments as a whole and to bring them into proper relation with each other,

(4) this officer can be no other than the Clerk to the authority,

(5) the facts stated under the foregoing heads do not, either in principle or in practice, in any way involve the assignment to the Clerk of any functions which properly belong to the Medical Officer of Health or any other professional officer appointed by the Council,

(6) it follows from these facts that official correspondence between the local authority and the Ministry should be conducted, on the side of the authority, through the Clerk, a clear distinction being drawn between such official correspondence and semi-official correspondence between professional officers of the authority and of the department on professional points, whether as a preliminary to the framing of the policy of the Council or otherwise.

The Council had informed the Ministry that it considers it is impossible for Town Clerks to be really responsible for the work carried out by Medical Officers of Health and their subordinate medical officers, and that this also applies to the work of all technical officers employed by a local authority. The Council is restating its position in a further letter to the Minister.

PUBLIC HEALTH APPOINTMENTS.

184. From 18th June, 1927, up to and including 16th June, 1928, the Association has dealt with matters relating to 206 appointments under the Scale of Minimum Commencing Salaries for Whole-Time Public Health Appointments. In 180 of these the scale salary has either been offered or secured after negotiation, which shows a distinct improvement on the two previous years the figures for which were 1925-26 (first year of operation of scale) 173 appointments dealt with, 138 of which were in accordance with scale; 1926-27, 180 appointments dealt with, 151 of which were in accordance with scale.

POOR-LAW APPOINTMENTS.

185. During the session the Association has advised with reference to a number of poor-law medical officer appointments.

CO-OPERATION WITH SOCIETY OF M.O.H.

186. During the past session there have been two meetings of the Conference between representatives of the Association and the Society of Medical Officers of Health, at which matters relating to the scale of minimum commencing salaries for whole-time public health appointments have been discussed as well as the question of co-operation between the two bodies.

National Health Insurance.

AMENDING BILL.

(Continuation of para. 127 of Annual Report.)

187. Considerable apprehension has been felt with regard to the possible effect upon the medical profession of the proposals in the new National Health Insurance Bill, at present before Parliament, dealing with additional treatment benefits and their administration. The Third Schedule to the Bill repeals the following Sub-Section 5 of Section 75 of the 1924 Consolidated Act (which was in the original 1911 Act):—

"75. (5) Additional benefits shall be administered by the society or branch of which the persons entitled to the benefits are members, except that where the benefits are in the nature of medical benefit, they shall be administered by and through the insurance committee."

The existence of this section had hitherto been relied upon by the profession as securing that any additional benefits of the nature of medical benefit should not be administered by approved societies. In order to appreciate the change contemplated under the new Bill, the additional treatment benefits affecting the work of the medical profession are set out in adjoining columns below, as scheduled under the 1924 Consolidated Act and as scheduled under the new Bill.

ADDITIONAL BENEFITS.

As scheduled in 1924 Act.	*As scheduled in new Bill.*
1. Medical treatment and attendance for any person dependent upon the labour of a member.	
15. Payments to hospitals in respect of the maintenance and treatment therein of members, and the payment of the whole or any part of the travelling expenses incurred by members in travelling to and from the hospital.	9. Payments to hospitals in respect of the maintenance and treatment therein of members, and the payment of the whole or any part of the travelling expenses incurred by or in respect of members travelling to and from hospitals.
17. The payment of the whole or any part of the cost of ophthalmic treatment, other than that provided as part of medical benefit and of the whole or any part of the cost of optical appliances.	13. The payment of the whole or any part of the cost of provision of ophthalmic treatment (other than as provided as part of medical benefit) and the whole or any part of the cost of optical appliances.
	15. Payments to approved charitable institutions in respect of any treatment of members required for the prevention or cure of disease, not being treatment within the scope of any other additional benefit or of medical benefit.
20. Such other additional benefits, being of the same character as any of those hereinbefore mentioned, as may be prescribed.	16. Such other additional benefits, being of a character similar to that of any of those hereinbefore mentioned, as may be prescribed.

188. An explanatory Memorandum issued by the Ministry of Health pointed out that the additional benefits both previously and as proposed in the new Bill, fell into two classes, namely, those which were of the nature of medical benefit and those which were of the nature of cash payments towards the cost of the provision of treatment. In the first category only one additional benefit was admitted by the Minister to have existed hitherto, namely, medical treatment and attendance on the dependents of insured persons. This particular additional benefit the Bill proposes to abolish, and in these circumstances the Minister pointed out that the necessity for the retention of Section 75 (5) of the 1924 Act no longer existed, whilst on the other hand he would have powers under Clause 14 (3) (7) of the new Bill which would enable him to control the administration of all additional benefits, treatment benefits or otherwise.

189. The Council has always held the view that additional benefits such as ophthalmic benefit, were in the nature of medical treatment, but has had to accept the legal view that they were quite properly administered by approved societies in that they were cash payments by societies on behalf of, or to members. The legal view has been that while in respect of the additional (ophthalmic) benefit an approved society could make these payments towards the cost of the services in question, it could not engage oculists, put them on a panel, and turn its benefit into a free treatment of its members' eyes by these oculists, as such would then be *the provision of* services or treatment in the nature of medical benefit, within the meaning of above Section 75 (5).

190. If a comparison is made of ophthalmic benefit as scheduled under the old Act, and as now scheduled under No. 13 of the new Bill, it becomes evident that under the new description (the safeguard of Section 75 (5) of the 1924 Act being abolished) approved societies may themselves establish their own clinics for ophthalmic treatment under Clause 13 of the new Schedule and for any other kind of specialist treatment under Clause 16. In this way they might be in a position to select and control staffs, medical and other, and largely to determine the character of the treatment to be carried out. It is true that under the Bill approved societies will be governed by regulations made by the Minister of Health, which the Minister has promised will be submitted to the Association for its consideration prior to their approval. It is conceivable that these regulations would prove acceptable to the profession, but it was considered that the protection hitherto afforded the profession by Section

75 (5) of the old Act was better than any protection likely to be provided under regulations.

191. Steps were, therefore, taken during the Committee stage of the Bill in the House of Commons to have proposed amendments that the words "the provision of" in additional benefit No. 13 be deleted, that the restricting Sub-Section 75 (5) of the 1924 Act be allowed to stand, or so amended as to maintain the principle that when an additional benefit is of the nature of medical benefit, in whatsoever way it may be administered, it shall not be administered by approved societies. Dr. A. V. Davies, a member of the Standing Committee, kindly undertook to propose these amendments but was not successful, as the Minister declined to accept them.

192. Unsuccessful efforts were made to have the same amendments made to the Bill during the Committee Stage of the House of Lords.

The Bill also proposed an entirely new additional benefit, namely, No. 15:—

> "15. Payments to approved charitable institutions in respect of any treatment of members required for the prevention or cure of disease, not being treatment within the scope of any other additional benefit or of medical benefit,"

which it was considered would prevent a society from making arrangements whereby the services of practitioners in their private capacity could be made available in respect of any treatment of its members required for the prevention or cure of disease (*e.g.*, ear, nose or throat specialists), at private consulting rooms. Consequently, it was suggested to the Minister that the position foreshadowed might be prevented by the insertion after the word "institutions" in additional benefit No. 15, the words "or to registered medical practitioners under a special scheme approved by the Minister for the purpose," which suggestion the Minister intimated his willingness to accept. During the Committee stage in the House of Commons, however, an amendment was tabled for the inclusion of a further additional benefit, namely:—

> "The payment of the whole or any part of medical or surgical or specialist services,"

which the Minister had intimated to the proposers he was prepared to accept, and which he informed the Association, with the addition of the words: "Under a special scheme approved by the Minister for the purpose" would seem better adapted to meet the point made by the Association in connection with additional benefit 15. The new suggestion, however, was not considered completely to meet the point of view put to the Minister and it was pointed out that the word "specialist" had not been used in any additional benefit clause, that it did not appear to have been used in any National Health Insurance Act, and that it was difficult of definition. It was suggested that it would be preferable if the new additional benefit read as follows:—

> "The payment of the whole or part of the cost of medical or surgical treatment or advice by any registered medical practitioner not being treatment within the scope of any other additional benefit or of medical benefit under a special scheme approved by the Minister for the purpose,"

which suggestion the Minister accepted, and the additional benefit was passed by the Standing Committee of the House in that form. Efforts were made during the Third Reading of the Bill in the House of Lords, to have additional benefit 16 (No. 15 quoted above) so amended that it should not be capable of adoption by an approved society without payments to private medical practitioners for similar advice and treatment at places other than approved charitable institutions being necessarily allowable at the same time. No success, however, attended these efforts.

193. The additional medical treatment benefits as they now appear in the Bill which only awaits Royal Assent are as follows:—

> 8. The payment of the whole or any part of the cost of medical or surgical advice or treatment by any registered medical practitioner, not being advice or treatment within the scope of any other additional benefit or of medical benefit, under a special scheme approved by the Minister for the purpose.
>
> 10. Payments to hospitals in respect of the maintenance and treatment therein of members, and the payment of the whole or any part of the travelling expenses incurred by or in respect of members in travelling to and from hospitals.
>
> 14. The payment of the whole or any part of the cost of the provision of ophthalmic treatment (other than as provided as part of medical benefit) and the whole or any part of the cost of optical appliances.
>
> 16. Payments to approved charitable institutions in respect of any treatment of members required for the prevention or cure of disease, not being treatment within the scope of any other additional benefit or of medical benefit.
>
> 17. Such other additional benefits, being of a character similar to that of any of those hereinbefore mentioned, as may be prescribed.

194. The Council considers that the failure to secure the retention of Clause 75 (5) of the present Act, or the deletion of the words "the provision of" in additional benefit 13 is regrettable notwithstanding the Ministry's assurance that the position will be amply safeguarded by regulations. If the present or any other Minister should attempt by regulations, or the absence of them, to hand over the administration of benefits of the nature of medical benefit to approved societies it will, of course, be necessary to organise those members of the profession concerned in a refusal to give service under such conditions in pursuance of the well established policy of the Association, and the Council has no doubt that practical unanimity could be got on a point such as this.

The Council recommends:—

Recommendation: That it is essential if the medical profession is to take part in the provision of additional (medical) treatment benefits under the National Health Insurance Acts that these, as in the case of statutory medical benefit, shall be administered in such fashion that the services of the medical profession, who elect to give advice and treatment in connection therewith, shall not be under the control of any approved society or societies.

Recommendation: That the position set forth in the above resolution should receive statutory recognition and definition.

SICKNESS BENEFIT CLAIMS AND MEDICAL CERTIFICATION.

(Continuation of paragraph 126 of the Annual Report.)

195. Discussions are still proceeding between the Insurance Acts Committee and representatives of the Ministry with respect to the above question. Various data dealing with the large increase in the amount of sickness and disablement benefits have been submitted by the Ministry to the Insurance Acts Committee but so far the Committee is not satisfied that the real causes, or at any rate, all of them have been discovered. One thing, however, is plain that the suggestion that the increase is due solely or even mainly to a sudden and radical change in the methods of certification adopted by insurance practitioners as a whole cannot be accepted as a solution.

The Council will give any assistance in its power to ascertain the causes in co-operation with other parties concerned.

NATIONAL INSURANCE DEFENCE TRUST.

196. The Insurance Acts Committee submits herewith for the information of the Representative Body and Divisions, a copy of the audited statement for the year 1927, and statement of the income and expenditure accounts for that year, in respect of the National Insurance Defence Trust.

Hospitals.

CONFERENCE *re* CONTRIBUTORY SCHEMES FOR HOSPITAL BENEFIT.

(Continuation of para. 137 of Annual Report.)

197. This Conference was held at the offices of the Association on June 6th, under the Chairmanship of the Chairman of Council, and was extremely well attended as is indicated by the following table:—

	No. of Hospitals.	No. of Representatives.
London	36	58
Provincial	117	161
Scotland	5	7
Ireland	1	1

A very interesting discussion took place upon the Association's memorandum on contributory schemes for hospitals policy and its pamphlet entitled "Policy affecting Hospitals." It was very encouraging to note how the support of the Association's hospital policy by the medical practitioners chiefly concerned has grown since the inauguration of these Conferences in 1920. A full report of the discussion will be found in the *B.M.J.* Supplement of 16th June, 1928, pages 258-262, copies of which are being circularised to all voluntary hospitals throughout the country.

COTTAGE HOSPITALS AND HOSPITAL POLICY.

198. A pamphlet is being prepared dealing with the application of the Association's Hospital Policy to Cottage Hospitals, special reference being made to the method of payment of medical staffs of cottage hospitals for treatment therein.

CONTRIBUTORY SCHEMES.

199. A model contributory scheme for hospital benefit is in course of preparation, as it is considered that this will be of assistance in securing the adoption of the policy of the Association in regard to such schemes.

MIDDLE-CLASS HOSPITAL POLICY.

(Continuation of para. 134 of Annual Report of Council.)

200. Consideration of Minute 219 of the A.R.M. 1927 has been deferred until the report of the "Pay Beds Committee" of King Edward's Hospital Fund for London (referred to in para. 132 of Annual Report of Council) is available.

Naval and Military.

CONDITIONS OF SERVICE OF THE ROYAL NAVAL MEDICAL SERVICE.

(Continuation of para. 141 of Annual Report.)

201. At the request of a Division, the Council urged upon the Admiralty:—

(a) That there should be an upper limit in the promotion zone, that is to say, an officer after having served for a period of 18 years should be eligible for promotion for a period extending for 5 years beyond that date, and no longer.

(b) That the regulations dealing with the question of pensions should be amended to provide that in no circumstances should the pension of an officer who was in the Service when the 1919 changes were made, and who was retired with the rank of Surgeon-Commander, be reduced below the pre-war figure of £547. 10s. 0d.

In regard to the first question, the Admiralty informed the Council that when promotion to Surgeon-Captain by strict selection was first introduced, it was laid down that there should be no upper limit to the zone of promotion, since otherwise the effect would have been to debar officers very near the top of the Surgeon-Commander's list by seniority from a chance of being selected for promotion; that it considered that the advantages of this system outweighed any possible disadvantages, and that there will always be a certain number of officers who must be aware that they have practically no chance of promotion, and such officers are at liberty, under existing regulations, to apply to retire, if they wish to start a civilian career before reaching the age of 50.

As regards the second question, the Admiralty lays stress on the facts (i) that the 1919 scheme must be viewed as a whole; (ii) that although rank for rank the increase in the rate of retired pay to medical officers was relatively small compared with other Branches, the effect of the new scales was to enable a Surgeon-Commander (entered at, say, the age of 25) to earn the maximum retired pay of his rank after approximately 23 years' service as compared with 30 years' service under the old rules; and (iii) that, under a concession notified in 1922, officers compulsorily retired for age under the new regulations who were on the Surgeon-Commander's list on the 1st July, 1919, will have retired pay of not less than £547. 10s. 0d. per annum assured to them, whatever changes take place in the cost of living.

On the above grounds the Admiralty does not see its way to adopting the Council's suggestions.

The Council has decided to defer further consideration of the question of promotion for 12 months, and as regards pensions the Council has come to the conclusion that no useful purpose will be served by taking any further steps.

RE-ORGANISATION OF THE MEDICAL SERVICES IN INDIA: THE FUTURE OF THE INDIAN MEDICAL SERVICE.

(Continuation of para. 139 of Annual Report.)

202. There has recently been issued by the India Office a Communiqué concerning the re-organisation of the Medical Services in India to the following effect:—

(i) that the I.M.S. constituted on the same broad lines as at present will be retained primarily to meet the needs of the Indian Army, the Local Governments being required to employ a stated number of I.M.S. officers in order to maintain the necessary minimum war reserve and to provide for European medical attendance for European officers of the I.C.S. and their families;

(ii) that the total number of I.M.S. officers required for civil employment is calculated at 302, of which 212 will be Europeans and 90 Indians;

(iii) that there will be 237 posts for these officers after allowing for leave and study reserve, 178 of which will be in the provinces and 59 under the Government of India.

These posts will be filled as follows:—

Under Provincial Governments: 178 posts, of which 112 must be held by European officers, the remaining 66 to be open to Europeans or Indians.

Under Government of India: 59 posts, of which 28 will be open to Europeans or Indians, the remaining 31 being open to Europeans only;

(iv) that the medical requirements of European members of the Superior Civil Services are based on data which will change from year to year as the proportion of European to Indian officers gradually diminishes and will be subject, therefore, to periodical revision;

(v) that certain rules will come into force as an integral portion of the scheme. These rules deal with the question of employment on the military and civil sides, and provide *inter alia* that liability to serve on either the military or civil side will be a definite condition of service for all future entrants to the Service.

The civil appointments which are reserved for I.M.S. officers are scheduled, but the Council notes with deep concern that the posts of Chief Administrative Medical Officers of Local Governments are not included in this schedule. In the opinion of the Council this is a retrograde step and is against the best interests of the Service. It means that adequate opportunities are lacking for reaching high rank in the Service, and this, coupled with the fact that employment on the civil side is now so indefinite, renders the new proposals unsatisfactory.

203. After careful consideration of the whole matter, the Council has informed the Secretary of State for India that the Association is convinced that the new proposals will not attract an adequate number of European medical men so long as:—

(a) the posts of Chief Administrative Medical Officers of Local Governments are not specifically included in the list of appointments reserved for officers of the Indian Medical Service; and

(b) the prospect of employment on the civil side which is the chief inducement to enter the I.M.S. is as indefinite as it is at present.

Medical Benevolence.

(Continuation of para. 142 of Annual Report.)

B.M.A. CHARITIES TRUST FUND.

204. From 1st January to 30th April, 1928, the sum of £949 11s. 3d. was received for distribution among medical charities at the discretion of the Trustees (as compared with £809 for the corresponding period last year), and has been distributed as follows:—

	£	s.	d.
Royal Medical Benevolent Fund ...	450	0	0
Royal Medical Foundation of Epsom College	400	0	0
Royal Medical Benevolent Fund Guild	50	0	0
Sir Charles Hastings Fund	49	11	3

In addition, the following amounts have been collected for and transmitted to the undermentioned Funds, the amounts for the corresponding period last year being also given for the purpose of comparison:—

	1928.			1927.		
	£	s.	d.	£	s.	d.
Royal Medical Benevolent Fund	1,107	6	5	1,074	17	7
Royal Medical Foundation of Epsom College	786	0	0	749	0	3
Royal Medical Benevolent Fund Society of Ireland	34	10	6	22	19	0
Sir Charles Hastings Fund ...	*94	6	2	*56	16	9

* Includes contributions from the B.M.A. Charities Trust Fund.

Oversea Branches.

WINDWARD ISLANDS MEDICAL SERVICE.

(Continuation of para. 144 of Annual Report of Council.)

205. The Medical Registration (Amendment) Ordinance of 1927 will prevent from practising in the Colony unqualified persons and persons not possessed of qualifications which would permit them to be registered in England. This removes a grievance to which the Association has never ceased to call attention since the original ordinance was passed.

The Secretary of the Grenada Branch having reported that the revenue of the Colony showed a substantial increase per head of a growing population and that the annual deficit had been transformed into a surplus which had permitted of the creation of a reserve fund and of steadily increasing expenditure in public services, the Council has informed the Secretary of State that the Association is disappointed to find that the estimates for the Colony for 1928 make no provision either for an improvement of the scale of salaries of the medical officers or for an increase in the medical establishment. In doing so the Council has called attention to statements by the Secretary of State and statements contained in reports dealing with the Service, which indicated that improvement

in the scale of salaries and increase in establishment should receive attention at the earliest possible moment. A copy of this letter has been forwarded by the Colonial Office to the Governor of the Windward Islands.

DELETERIOUS DRUGS ORDINANCE OF STRAITS SETTLEMENTS.
(Continuation of para. 145 of Annual Report of Council.)

206. According to a local newspaper it appears that the regulations under the Deleterious Drugs Enactment (Federated Malay States and Straits Settlements) have been brought into line with the Dangerous Drugs Regulations of the United Kingdom, but official confirmation of this has not yet been received.

INDIGENOUS SYSTEMS OF MEDICINE IN CEYLON.

207. The Colonial Office has reported that the Legislative Council of Ceylon has made provision in its estimates for 1927-28 for the sum of Rs.75,000 as a grant for Ayurvedic study.

WORK OF THE OVERSEA BRANCHES.

208. The reports of the Australian Federal Committee, of the Federal Council in South Africa, and of practically the whole of the Branches of the Association overseas show a splendid record of activity. The following points are of special interest.

AFRICA.

The Union of South Africa.

209. The outstanding event of the year has, of course, been the First Annual Scientific Meeting of the Medical Association of South Africa (British Medical Association), held in Bloemfontein. This was attended by the Chairman of the Council of the Association and other home delegates who have reported most enthusiastically on the success of the Congress and the kindness that was shown to them. The Council offers its hearty congratulations to the President of the Congress, Dr. C. H. Bidwell, the Honorary Secretaries, Drs. Alice Cox, Marion Thomson, and Louise Tomory, and the members of the Orange Free State Branch who did so much to secure the success of the Congress. The Federal Council under the Chairmanship of Dr. A. J. Orenstein has been engaged during the year in many matters of the greatest importance to the profession in South Africa. It has been particularly active in placing the organisation of the Branches on a satisfactory footing, many new Divisions have been formed, and the membership has consequently increased considerably. The logical outcome of its action in this connection is a proposal to amend the constitution by creating a House of Delegates which would occupy a position similar in status to that of the Representative Body in this country. The suggestion has wisely been postponed for the time being until the new Constitution has been further tested. The questions of the payment of medical staffs of public hospitals, the training of native medical assistants and the proposed National Insurance Scheme for South Africa are engaging the attention of the Federal Council and are of the first importance. The Council is glad to note that in addition to the great activity shown by the Federal Committee and the Branches in the ordinary work of the Association, the Association in South Africa has during the year increased its Benevolent Fund from £400 to £1,000.

South-West Africa.

210. The South-West Africa Branch which works under conditions of distance, climate and travelling difficulties that make organisation extremely difficult, has been successful in securing the extension of the provisions of the Union Medical, Dental and Pharmacy Bill to South-West Africa, and, as a result of this, the unsatisfactory position with regard to the control of medical and pharmacy matters which has existed since the end of the German occupation has been settled.

Rhodesia.

211. The Mashonaland Branch is in a flourishing condition and reports a regular series of monthly meetings.

East and West Africa.

212. The Kenya and Sierra Leone Branches report a year of successful activities and increased memberships, the former body having held no less than 11 meetings. Practically all the doctors in these areas are members of the Association.

ASIA.

India.

213. The Bombay Branch has approved a report on the question of registration of midwives in the Presidency. The Branch has also under consideration the question of free and paying treatment in public hospitals, and with its record of activity it is not surprising to find that the Branch membership is steadily increasing.

A new Calcutta Branch has been formed during the year, and there is every indication that the new body will meet a long felt want in the area. The thanks of the Council are given to those members who have made this fresh start in circumstances of great difficulty.

The incidence of tuberculosis in Hyderabad has engaged the serious attention of the Branch there, and a scheme has been drawn up for the construction of a tuberculosis sanatorium. The Branch has made application to the Government for a grant towards the cost of the Institution, and the remainder of the money required will be raised by voluntary contributions.

The need for a medical organisation has long been felt in the Punjab, and to meet this need the Punjab Branch has recently been revived. Forty-five new members have joined the Branch and a fine programme of scientific meetings at frequent intervals was carried through.

The South Indian and Madras Branch also reports a year of successful activity.

Ceylon.

214. The action taken by the Ceylon Branch in connection with the question of indigenous systems of medicine in Ceylon is dealt with in the Council's Annual Report. A record of nine meetings with an increased membership completes a satisfactory year's work.

Hong Kong and China.

215. Notwithstanding the unsettled conditions in China, the Hong Kong and China Branch has been active during the year, and a most successful function was recently held at which over 100 medical practitioners were present.

Malaya.

216. The Malaya Branch has now its own medical journal which is the official organ of the Branch. The Branch has considered questions relating to the Malayan Medical Service and to the deleterious drugs ordinances of the Straits Settlements. Its membership is now nearly 300, which represents a considerable increase during the year.

AUSTRALASIA.

217. The membership of the Association in Australasia is now over 5,000, representing a remarkable increase of over 1,200 in the past five years. The Branches of the Association in Australasia severally and collectively are in an enviable position both as regards numerical strength and influence.

Australia.

218. The Australian Federal Committee under the Chairmanship of Sir George Syme has again had before it many matters of importance to the profession in the Commonwealth. The Council is greatly interested to note that the Federal Committee, after considering the question of medical service in public hospitals, has reached the conclusion that in public hospitals which treat as in-patients those who are able to pay in whole or part the cost of maintenance and treatment, the medical staffs should receive payment for their services to those who pay while continuing to treat gratuitously those unable to pay. The Committee discussed with the Australian Pharmaceutical Conference points of mutual interest in connection with the proposed national health insurance scheme. Other matters dealt with include the adoption of a Common Form of Agreement for the use of the whole of the Branches in Australia in connection with Friendly Society Lodge Practice; the drafting of model rules governing procedure in ethical matters; and the adoption of uniform rates for travelling medical officers of life assurance societies.

The membership of the New South Wales Branch again shows a satisfactory increase. No less than 20 meetings were held during the year, the ordinary meetings being arranged with meetings of clinical sections, a system which has been found to work very satisfactorily. Additional land has been acquired for the new premises of the Branch, and the system of B.M.A. Lectures delivered at meetings of local associations outside the metropolitan area has been continued. In connection with the holding of the third Session of the Australian Medical Congress in Sydney in 1929, Sir Alexander MacCormick has been appointed President by the Federal Committee, and the organisation of the Congress is proceeding satisfactorily.

The organisation of the Queensland Branch has been improved by the formation of nine local medical associations during the year. Conferences of representatives of country local medical associations and of the Bush Nursing Association have been held for the consideration of the hospital policy of the Branch. The Branch contemplates obtaining new premises, and the questions of finance and a suitable site are now under consideration. A successful post-graduate course lasting over several days, and the formulation, in co-operation with the City Medical Officer of Health, of a scheme of diphtheria immunisation, complete a satisfactory year's work.

The Victorian Branch reports 21 meetings and an increased membership. The report of the Branch for the year covers a wide field of great interest and importance to the profession in Victoria. Numerous ethical problems have again been dealt with; the formation of a Lodge Medical Practitioners' Section of the Branch has been approved, and action has been taken in connection with the salaries of municipal health officers, state medical officers, and resident medical

officers of public hospitals, in the majority of cases with satisfactory results. Owing to the growing importance of the hospital policy of the Association a special Hospitals Committee has been formed to deal with all matters in connection with hospitals. The Medical Agency under the auspices of the Branch continues in a flourishing condition, as does also the British Medical Insurance Company.

The work of the Council of the Western Australian Branch has been particularly heavy during the year. the new provisions of the Workers' Compensation Act having entailed careful consideration.

Tasmania.

219. The Tasmanian Branch reports an improvement in the amount of clinical work that has taken place at meetings of the Branch. The post-graduate work of the Branch has been continued and several important ethical questions have been decided.

New Zealand.

220. The New Zealand Branch reports an increase of 45 in its membership. During the year, the Branch took steps for its Incorporation, and the Council extends to the Branch its best wishes for continued success under the new regime under which the corporate status of the Branch will be improved. The Branch has now received, from Dr. MacEachern, who, in 1926, made a tour of the hospitals in New Zealand at the request of the Branch, a comprehensive report on the whole situation. The report will be a valuable source of reference and the Branch is in communication with the Government with a view to publication and circulation of the report.

The Executive Committee of the Branch has been in frequent communication with the Government on matters bearing on the health of the community; the newly-formed Obstetrical Society, which aims at enrolling all members of the Association in New Zealand actively engaged in obstetrical work, has been affiliated to the Branch; the Medical Agency, the net profits of which belong to the members of the Branch continues to fulfil its useful purpose, and the Medical Benevolent Fund has now reached the satisfactory total of nearly £7,000.

WEST INDIES.

221. The Jamaica Branch, the oldest of the Overseas Branches of the Association celebrated its Jubilee in December. The Council, on behalf of the whole membership of the Association, extends to the Branch hearty thanks for past good work, congratulations on the jubilee and best wishes for increasing usefulness of the Branch to the profession in Jamaica.

H. B. BRACKENBURY, *Chairman.*

APPENDIX.

NATIONAL INSURANCE DEFENCE TRUST.

(A) *Balance Sheet, 31st December, 1927.*

LIABILITIES.

	£	s.	d.
To Capital Account:			
Balance 31st December, 1926	104,585	4	11
Add Excess of Income over Expenditure	22,887	6	9
	£127,472	11	8

ASSETS.

	£	s.	d.	£	s.	d.
By Investments represented at average cost by :—						
£2,500 Central London Railway 4½% Debs. ...	2,325	0	0			
£5,000 Commonwealth of Australia 5% 1935-45	4,906	5	0			
£5,000 Commonwealth of Australia 5% 1945-75	5,000	0	0			
£15,000 Consolidated 2½% Stock	8,362	10	0			
£10,000 Consolidated 4% Stock	8,560	0	0			
£15,500 Conversion 3½% Stock	11,603	2	6			
£10,000 Conversion 4½% Stock	9,730	0	0			
£12,000 Funding Stock 4% 1960-90	10,360	12	6			
£10,000 India 5½% Stock 1932	10,125	0	0			
£5,000 India 3½% Stock	3,518	15	0			
£5,650 National War Bonds 3rd Series 1928 ...	5,881	8	1			
£5,000 New Zealand 5% Stock 1935-45	5,106	5	0			
£5,000 New Zealand 4½% Stock 1944	4,868	15	0			
£5,000 New South Wales 5% Inscribed Stock 1935-55	4,771	17	6			
£5,000 New South Wales 4½% Stock 1935-45 ...	4,690	12	6			
£5,000 Queensland 5% Inscribed Stock 1940-60...	4,662	10	0			
£1,500 Treasury Bonds 5½% 1930	1,530	0	0			
£11,250 War Loan Bearer Bonds	9,993	12	6			
£5,000 Victorian Government 3% Consol. Stock 1929-49	3,615	12	6			
(Market Value at 31st December, 1927, £122,245)				119,611	18	1
By Loans—						
British Medical Association	6,500	0	0			
Essex Public Medical Service ... £400 0 0						
Less: Repayment £50 0 0						
	350	0	0			
				6,850	0	0
By Cash at Bank				1,010	13	7
				£127,472	11	8

We have examined the above Balance Sheet with the books of the Trust, and find them to be in accordance therewith.

We have verified the Investments and Bank Balances.

(Signed) PRICE, WATERHOUSE & CO.

3, Frederick's Place, Old Jewry, London, E.C.2,
March 29th, 1928.

(B) *Income and Expenditure Account for the Year ending 31st December, 1927.*

	£	s.	d.		£	s.	d.
To Repayment to B.M.A. of Expenses in connection with				By Subscriptions	19,176	4	6
(a) Annual Conference of Local Medical and Panel Committees, & election of direct representatives on Insurance Acts Committee				,, Dividends and Interest on Investments ..	4,070	0	0
(b) Railway Fares of Insurance Acts Committee, Sub-Committees and Deputations, and				,, Interest on Loans ..	296	10	0
(c) Reprinted record cards and reply envelopes	344	17	4	,, Deposit Interest ..	7	9	6
,, Accountants' Fees in connection with statistical information supplied to the Insurance Acts Committee ..	5	5	0				
,, Preparation of Addressograph Links for monthly issue of envelopes to practitioners furnishing statistics	4	5	7				
,, Income Tax on Bank Interest and untaxed Dividends	54	0	0				
,, Miscellaneous Printings and Stationery	41	3	0				
,, Bank Charges		16	8				
,, Railway Fares	5	1	8				
,, Postages	70	0	0				
,, Audit Fee	10	10	0				
,, Petty Cash	31	3	0				
,, Salary of Clerk	26	5	0				
,, Charges incurred in purchase of stock	69	10	0				
,, Balance of Income over Expenditure	22,887	6	9				
	£23,550	4	0		£23,550	4	0

British Medical Association.

CURRENT NOTES.

Spa Practitioners Group: Annual Conference.

THE attention of members of the Spa Practitioners Group of the Association is drawn to the fact that the first annual conference of this Group will be held during the course of the Annual Meeting at Cardiff on Wednesday, July 25th, at 2.30 p.m. Every member of the Association who regularly prescribes the mineral waters or baths of the spa in which he resides, or who is on the staff of a hospital or clinic where the use of local mineral waters is part of the routine treatment is *ipso facto* a member of the Group.

Consulting Pathologists Group of B.M.A.: Annual Conference.

The first annual conference of the Consulting Pathologists Group will be held at Cardiff on Wednesday, July 25th, at 4.30 p.m., upon the conclusion of the Spa Practitioners Group Conference (referred to above). Every member of the Association (not being a member of the Public Health Service) who is working in an institution or private pathological laboratory engaged in examining and reporting on specimens for clinical purposes is *ipso facto* a member of the Group.

Association Notices.

EAST YORKS AND NORTH LINCS BRANCH: EAST YORKSHIRE DIVISION.

NOTICE is hereby given by the Council to all concerned that the East York and North Lincoln Branch and the East York Division of that Branch, respectively, propose that their names be altered to East Yorks and North Lincs Branch, and East Yorkshire Division. Any body or person affected by either of these proposals, and objecting thereto, is requested to notify the Medical Secretary, stating reasons, by not later than July 30th.

TABLE OF DATES.

July 20, Fri.	*Annual Representative Meeting*, Cardiff, 10 a.m. Nominations for election of 12 members of Council by grouped Representatives must be received (at A.R.M., Cardiff) by this date, 2 p.m.
July 21, Sat.	*Annual Representative Meeting*, Cardiff.
July 23, Mon.	*Council*, Cardiff. *Annual Representative Meeting*, Cardiff.
July 24, Tues.	*Annual Representative Meeting*, Cardiff. Annual General Meeting, Cardiff, President's Address.
July 25, Wed.	*Council*, Cardiff. Conference of Honorary Secretaries, Cardiff. *Meetings of Sections*, etc., Cardiff.
July 26, Thurs.	*Meetings of Sections*, etc., Cardiff.
July 27, Fri.	*Meetings of Sections*, etc., Cardiff.

ALFRED COX, *Medical Secretary.*

BRANCH AND DIVISION MEETINGS TO BE HELD.

DORSET AND WEST HANTS BRANCH.—The summer meeting of the Dorset and West Hants Branch will be held at the Church House Hall, Wimborne, on Wednesday, July 4th, at 3 p.m., when Mr. Rooke, president, will take the chair. Agenda: Communications; time and place of next meeting. Papers:—Dr. Whitaker: "Historical theories of the cardio-vascular system"; Dr. Luker: "Haemorrhage in early pregnancy." Lunch (price 2s. 6d.) can be obtained at the King's Head Hotel. Dr. Le Fleming invites visiting members to tea at his house after the meeting.

DORSET AND WEST HANTS BRANCH: BOURNEMOUTH DIVISION.—The annual social meeting of the Bournemouth Division will be held on Saturday, July 14th, when a visit will be paid to the Pitt Rivers Museum, Farnham, Blandford, to be followed by tea at Larma Tree Grounds, Tollard Royal.

EAST YORKS AND NORTH LINCOLN BRANCH.—The seventy-second annual meeting of the East Yorks and North Lincoln Branch will be held at Driffield on Wednesday, July 18th, at 1.15 p.m. Business: Amended draft by-laws; annual report and financial statement for 1927; election of officers for 1928–29. The president (Dr. Eve) will introduce the new president (Dr. Nelson), who will then take the chair. Luncheon will be served at the Bell Hotel at 1.30 p.m., after which he will deliver his introductory address. An excursion is being arranged to some place of interest in the neighbourhood. The president and Mrs. Nelson kindly invite members and their wives to afternoon tea in the hotel at 4.45.

LANCASHIRE AND CHESHIRE BRANCH: SOUTHPORT DIVISION.—A meeting of the Southport Division will be held at 52, Hoghton Street, Southport, to-day (Friday, June 29th), at 8.30 p.m. The main business is to discuss the Annual Report of Council. It is hoped that every member will make an effort to be present.

METROPOLITAN COUNTIES BRANCH: HENDON DIVISION.—The next meeting of the Hendon Division will be held at Hendon Cottage Hospital to-day (Friday, June 29th), at 8.30 p.m. Agenda: Clinical meeting, cases and specimens will be shown by Drs. E. B. Morley, J. W. Ensor, R. Hunt Cooke, and Mr. L. G. Phillips; consideration of Supplementary Report. Dr. and Mrs. H. R. S. Walford have extended an invitation to members of the Division and their friends to view, from their grounds at Hendon Grove, the Air Pageant on Saturday, June 30th, at 2.30 p.m.

METROPOLITAN COUNTIES BRANCH: ST. PANCRAS DIVISION.—A meeting of the St. Pancras Division will be held at the British Medical Association House, Tavistock Square, W.C.1, on Tuesday, July 10th, at 9 p.m. Dr. W. Camac Wilkinson will read a paper on the home treatment of tuberculosis by the general practitioner.

METROPOLITAN COUNTIES BRANCH: WANDSWORTH DIVISION.—The second meeting of the Wandsworth Division to consider the Koch diagnosis and treatment of tuberculosis by means of tuberculin, together with a proposal for a collective investigation into the subject, will be held in the Town Hall, Wandsworth, to-day (Friday, June 29th), at 9 p.m. Dr. Carswell will read a paper entitled "Treatment, and a proposal for a collective investigation." The meeting will be open to all members of the medical profession.

NORFOLK BRANCH.—The annual meeting of the Norfolk Branch will be held at the Town Hall, Aylsham, on Thursday, July 5th, at 3 p.m. Agenda: Report of the Branch Council and annual financial statement; induction of the new president, Dr. B. B. Sapwell, by the retiring president, Sir Hamilton Ballance, K.B.E., C.B.; election of officers; an address by Mr. Vivian Carter, British secretary of Rotary International, on the diagnosis of personality. Tea (to which ladies are invited) at 4.30 p.m. at the Grange, Aylsham, by invitation of Dr. Sapwell and Miss Sapwell.

NORTHERN COUNTIES OF SCOTLAND BRANCH.—The annual meeting of the Northern Counties of Scotland Branch will be held at the Station Hotel, Kyle of Lochalsh, on Saturday, June 30th, at 2.5 p.m. Business: Report of election of officers of Branch; report of Branch Council and annual financial statement. Before the meeting members and their guests will lunch together at the hotel at 12.30 p.m. After the meeting there will be an opportunity for those who wish to play golf, and motor boat cruises are also being arranged. For members coming by road who do not wish to take their cars across Dornie Ferry, motor transport will be arranged from there to Kyleakin, leaving the west side of the ferry at 11.45 a.m.

NORTHERN COUNTIES OF SCOTLAND BRANCH: ISLANDS DIVISION.—The general meeting of the Islands Division will be held on Saturday, June 30th, in the Station Hotel, Kyle of Lochalsh, at 10.30 a.m., to elect officers and Executive Committee.

NORTH LANCASHIRE AND SOUTH WESTMORLAND BRANCH.—The annual meeting of the North Lancashire and South Westmorland Branch will be held on Tuesday, July 3rd, at 3.15 p.m., in the Ethel Hedley Hospital, Calgarth (by kind permission of Dr. Hough and the Governors of the Hospital). Dr. J. Lang Cochrane will deliver his presidential address. Ladies are invited, and a boat on Lake Windermere will be placed at their disposal.

NORTH WALES BRANCH.—The annual meeting of the North Wales Branch will be held at the North Wales Sanatorium, Llangwyfan, Denbigh, on Friday, July 6th. The council of the Welsh National Memorial Association and the house committee of the sanatorium will entertain the members to lunch, and a tour of the institution will be made. Agenda and further particulars will be announced later, but members are requested to make a note of the date as a large attendance is hoped for.

SOUTH MIDLAND BRANCH: BEDFORDSHIRE DIVISION.—The annual meeting of the Bedfordshire Division will be held at the Swan Hotel, Bedford, on Wednesday, July 4th, at 3 p.m. Agenda: Annual report for 1927; election of officers; Supplementary Report of Council; address by Sir Maurice Craig entitled "Some points in the treatment of nerve exhaustion." Tea will be provided. The chairman invites the members to luncheon at the Swan Hotel at 1.15 p.m. An Executive Committee meeting will be held at 2.30

SURREY BRANCH: CROYDON DIVISION.—A general meeting of the Croydon Division will be held at the Croydon General Hospital on Tuesday, July 3rd. Dr. G. E. E. Brayne-Nicholls will take the chair at 8.30 p.m. Agenda: Correspondence; formation of Charities Committee; to instruct representatives in Representative Body.

YORKSHIRE BRANCH: SHEFFIELD DIVISION.—The Executive Committee of the Sheffield Division have decided to welcome the successful students at the final M.B. examination, including those who have qualified since June, 1926, at a luncheon to be held at the Royal Victoria Hotel, Sheffield, on Wednesday, July 4th, at 1.15 p.m. The luncheon is open to all members of the Sheffield Division. Tickets, 6s. each (without wine). A general meeting will be held at the Church House, St. James Street, Sheffield, on Friday, July 6th, at 8.30 p.m. Agenda: Annual Report of Council and instruction of representatives. It is hoped that there will be a large attendance.

Meetings of Branches and Divisions.

BOMBAY BRANCH.

THE annual meeting of the Bombay Branch was held on May 23rd at the Pathological Laboratory of the Grant Medical College, when Dr. Row was in the chair. At the outset Dr. Row referred in feeling terms to the great loss sustained by the medical profession and the Bombay Branch by the untimely death of Dr. A. K. Contractor, and a resolution of condolence was adopted.

The meeting considered the rules regarding eligibility as representative of the Branch to the Annual Meeting of the British Medical Association. Draft rules submitted by the Branch Council for guidance in electing a representative to the Annual Meeting were approved as suggestions.

Dr. NUNAN, at present in England, was unanimously elected as representative in the Representative Body.

The SECRETARY having read the annual report, Dr. Row traced the history of the resuscitation of the Branch about two years ago. He thanked his colleagues, especially the secretaries, Drs. Yodh and Bana, who, he said, had carried on the work under great difficulties. The report was unanimously adopted, as were also the accounts.

The following officers were elected for the year 1928–29:

President, Lieut.-Colonel A. F. Hamilton, I.M.S. *Vice-Presidents*, Major S. K. Engineer, O.B.E., and Dr. J. E. Sandilands, *M.C.* *Joint Honorary Secretaries and Treasurers*, Dr. F. D. Bana and Dr. E. B. Yodh.

Colonel HAMILTON, having been inducted in the chair, thanked the members for electing him as president, and a vote of thanks to the retiring president was passed unanimously.

NOTICES OF MOTION BY DIVISIONS FOR THE ANNUAL REPRESENTATIVE MEETING, CARDIFF, 1928.

Scheme for Co-ordination of Hospital Provision.

BY CAMBERWELL: That (with reference to the recommendation contained in para. 135 of the Annual Report of Council) the "scheme for co-ordination of hospital provision" reported in Appendix VII, in as far as it concerns the public hospital, be referred back to the Council for further consideration.

Secret Remedies.

BY LANCASHIRE AND CHESHIRE: That the Representative Body instruct the Council to consider the advisability of resuming the investigation into the composition of secret remedies and the publication of the results.

Pathological Reports.

BY SOUTH STAFFORDSHIRE: That subpara. (3) of the recommendation contained in para. 117 of the Annual Report of Council be amended by the addition of the words "and where no hospital facilities exist for the provision of pathological investigations for such patients" after the words "pay a fee."

VACANCIES.

ASHTON-UNDER-LYNE: DISTRICT INFIRMARY.—Third House-Surgeon. Salary at the rate of £150 per annum.

BOMBAY: CAMA AND ALBLESS HOSPITAL FOR WOMEN AND CHILDREN.—Medical Officer in Charge (lady). Remuneration Rs.800—50—1,000 per mensem for officer of Asiatic domicile, and Rs.600—50—800, plus £20 per mensem as overseas pay for officer of non-Asiatic domicile.

BRADFORD CITY: Assistant School Medical Officer (male). Salary £600 per annum.

BRIGHTON: ROYAL SUSSEX COUNTY HOSPITAL.—House-Surgeon (male). Salary £150 per annum.

BURTON-ON-TRENT GENERAL INFIRMARY.—Senior Resident House-Surgeon. Salary £200 per annum.

CARDIFF ROYAL INFIRMARY.—Honorary Surgeon to the Ear, Nose, and Throat Department.

CENTRAL LONDON OPHTHALMIC HOSPITAL, Judd Street, W.C.1.—(1) Pathologist; honorarium £75 per annum. (2) Junior House-Surgeon; salary at the rate of £50 per annum.

CITY AND CORPORATION OF KINGSTON-UPON-HULL AND HULL AND GOOLE PORT SANITARY AUTHORITY.—Assistant Medical Officer of Health. Salary £600 per annum, rising to £700.

DEVON MENTAL HOSPITAL, Exminster.—Junior Assistant Medical Officer (male, unmarried). Salary £300 per annum, rising to £350.

EDINBURGH: ELSIE INGLIS MEMORIAL MATERNITY HOSPITAL.—Two House-Surgeons (women).

EDINBURGH HOSPITAL FOR WOMEN AND CHILDREN.—(1) House-Surgeon. (2) House-Physician. (3) Junior House-Surgeon (non-resident). Women.

EDINBURGH: ROYAL EDINBURGH HOSPITAL FOR SICK CHILDREN.—Five Honorary Resident Medical Officers

ESSEX COUNTY HOSPITAL, Colchester.—Assistant House-Surgeon and Registrar (male). Salary £120.

GRAVESEND AND NORTH KENT HOSPITAL.—Junior House-Surgeon. Salary £100 per annum for nine months, rising to £200 on appointment as Senior.

HARTLEPOOLS HOSPITAL.—House-Surgeon (male). Salary £150 per annum, rising to £200.

HACKNEY AND STOKE NEWINGTON TUBERCULOSIS DISPENSARY, Metropolitan Hospital, Kingsland Road, E.8.—Tuberculosis Officer. Salary £750 per annum, rising to £850.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, S.W.3.—House-Physician. Honorarium £50 for six months.

HOVE: LADY CHICHESTER HOSPITAL.—(1) House-Physician. (2) Junior. Women. Salary at the rate of £100 and £50 per annum respectively.

KENSINGTON BOROUGH.—Temporary Tuberculosis Officer at the Kensington Tuberculosis Dispensary, 119, Ladbroke Grove, W.11. Honorarium 35 guineas.

LANCASHIRE COUNTY COUNCIL.—Junior House-Surgeon (woman) at the Biddulph Grange Orthopaedic Hospital. Salary £150 per annum.

LEEDS PUBLIC DISPENSARY.—(1) Honorary Physician. (2) Senior Resident Medical Officer (male); salary £200 per annum.

LONDON JEWISH HOSPITAL, Stepney Green, E.1.—Honorary Radiologist.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE.—Research Studentship in Helminthology. Value £250 per annum.

LOWESTOFT AND NORTH SUFFOLK HOSPITAL.—House-Surgeon (male). Salary £120 per annum.

MANCHESTER: ST. MARY'S HOSPITALS.—Two House-Surgeons for Whitworth Street West Hospital (Maternity) and two for the Whitworth Park Hospital (Children and Gynaecology). Salary at the rate of £50 per annum each.

MANCHESTER UNIVERSITY.—Reader in Materia Medica and Therapeutics. Stipend £800 per annum.

NATIONAL HOSPITAL, Queen Square, W.C.1.—Honorary Surgical Assistant.

NEWARK HOSPITAL AND DISPENSARY.—Resident House-Surgeon (male). Salary at the rate of £150 per annum.

NOTTINGHAM: CITY MENTAL HOSPITAL.—Junior Assistant Medical Officer (male). Salary £350 per annum, rising to £400, with an additional £50 for D.P.M., and £10 for M.P.C.

PLYMOUTH: SOUTH DEVON AND EAST CORNWALL HOSPITAL.—Resident Surgical Officer (male). Salary at the rate of £100 per annum.

READING: ROYAL BERKSHIRE HOSPITAL.—(1) House-Physician. (2) House-Surgeon. (3) Third House-Surgeon. Salaries £150 per annum.

RICHMOND, SURREY: ROYAL HOSPITAL.—Junior House-Surgeon (male). Salary £100 per annum.

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.1.—Junior Clinical Assistants.

ST. MARK'S HOSPITAL FOR CANCER, FISTULA, etc., City Road, E.C.1.—Resident Surgical Officer (male). Salary £150 per annum.

ST. MARY'S HOSPITAL, W.2.—Dental Surgeon.

ST. VINCENT'S ORTHOPAEDIC HOSPITAL, Eastcote.—Resident Medical Officer (male). Salary at the rate of £150 per annum.

SALFORD ROYAL HOSPITAL.—House-Physician (male). Salary at the rate of £125 per annum.

SHEFFIELD: JESSOP HOSPITAL FOR WOMEN.—(1) Senior Resident Officer (male); salary £250 per annum. (2) Three Assistant House-Surgeons (male) for Gynaecological and Maternity Departments; salary at the rate of £100 per annum.

SHEFFIELD UNION HOSPITAL.—Resident Assistant Medical Officer. Salary £250 for first year, rising to £300 for second year.

SURREY COUNTY COUNCIL.—(1) Deputy County Medical Officer of Health. (2) Assistant Medical Officer. Salary for (1) £1,000 per annum; and for (2) £600 rising to £700.

TAUNTON AND SOMERSET HOSPITAL.—Junior House Medical Officer (male). Salary at the rate of £100 per annum.

VICTORIA HOSPITAL FOR CHILDREN, Tite Street, S.W.3.—(1) House-Physician. (2) House-Surgeon. Salary at the rate of £100 per annum each.

WEST LONDON HOSPITAL, Hammersmith Road, W.6.—Resident Assistant Surgeon. Salary £200 per annum.

WOKING AND DISTRICT VICTORIA HOSPITAL.—Orthopaedic Surgeon.

WORTHING HOSPITAL.—House-Surgeon (male). Salary at the rate of £150 per annum.

WOOLWICH UNION.—Second Assistant Medical Officer at the Plumstead and District Hospital (male, unmarried). Salary £350, rising to £400.

WREXHAM AND EAST DENBIGHSHIRE WAR MEMORIAL HOSPITAL.—Two Resident House-Surgeons (male). Salary at the rate of £100 per annum each.

YORK: THE RETREAT.—Temporary Assistant Physician (male). Salary six guineas weekly.

MEDICAL REFEREES UNDER THE WORKMEN'S COMPENSATION ACT, 1925, for (1) the Inverness (Mainland) District, and (2) the Wick District. Applications to the Private Secretary, Scottish Office, Whitehall, S.W.1, by July 18th.

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column advertisements must be received not later than the first post on Tuesday morning.

DIARY OF SOCIETIES AND LECTURES.

ROYAL SOCIETY OF MEDICINE.

Annual General Meeting.—Tues., 4 p.m.
General Meeting of Fellows.—Tues., 5.30 p.m.

HARVEIAN SOCIETY, Guy's Hospital, S.E.—Thurs., 4.30 p.m., Demonstrations in the Cardiological, Bacteriological, and X-Ray Departments.

MEDICO-LEGAL SOCIETY, 11, Chandos Street, W.1.—Thurs., 8.30 p.m., Annual General Meeting, followed by ordinary meeting. Mr. Noel Middleton: Testamentary Capacity.

POST-GRADUATE COURSES AND LECTURES.

FELLOWSHIP OF MEDICINE AND POST-GRADUATE MEDICAL ASSOCIATION.—*Brockley Hill Country Orthopaedic Hospital:* Demonstration, Tues., 11.30 p.m., if ten post-graduates notify their intention to be present (telephone Mayfair 2256); no fee. *Royal Westminster Ophthalmic Hospital*, Broad Street, W.C.2: Demonstration, Thurs., 3 p.m.; no fee. *Charing Cross Hospital*, W.C.2: Demonstration, Fri., 2 p.m.; no fee. *West End Hospital for Nervous Diseases*, Welbeck Street, W.: Special Course of Lectures and Clinical Demonstrations upon selected cases at 5 p.m. daily. Tickets from the Fellowship of Medicine, 1, Wimpole Street, W.1.

NORTH-EAST LONDON POST-GRADUATE COLLEGE, Prince of Wales's General Hospital, Tottenham, N.15.—Mon., 2.30 to 5 p.m., Medical, Surgical, and Gynaecological Clinics; Operations. Tues., 2.30 to 5 p.m., Medical, Surgical, Throat, Nose, and Ear Clinics; Operations. Wed., 2.30 to 5 p.m., Medical, Skin, and Eye Clinics; Operations. Thurs., 11.30 a.m., Dental Clinics; 2.30 to 5 p.m., Medical, Surgical, and Ear, Nose, and Throat Clinics; Operations. Fri., 10.30 a.m., Throat, Nose, and Ear Clinics; 2.30 to 5 p.m., Surgical, Medical, and Children's Diseases Clinics; Operations.

ST. PAUL'S HOSPITAL, Endell Street, W.C.2.—Thurs., 4.30 p.m., Hydronephrosis.

JOINT TUBERCULOSIS COUNCIL.—Special Course at Cambridge, Mon. to Sat.

LIVERPOOL UNIVERSITY CLINICAL SCHOOL ANTE-NATAL CLINICS.—Royal Infirmary: Mon. and Thurs., 10.30 a.m. Maternity Hospital: Mon., Tues., Wed., Thurs., and Fri., 11.30 a.m.

British Medical Association.

OFFICES, BRITISH MEDICAL ASSOCIATION HOUSE, TAVISTOCK SQUARE, W.C.1.

Departments.

SUBSCRIPTIONS AND ADVERTISEMENTS (Financial Secretary and Business Manager. Telegrams: Articulate Westcent, London).
MEDICAL SECRETARY (Telegrams: Medisecra Westcent, London).
EDITOR, *British Medical Journal* (Telegrams: Aitiology Westcent, London).
Telephone numbers of British Medical Association and British Medical Journal, Museum 9861, 9862, 9863, and 9864 (internal exchange, four lines).

SCOTTISH MEDICAL SECRETARY: 7, Drumsheugh Gardens, Edinburgh. (Telegrams: Associate, Edinburgh. Tel.: 24361 Edinburgh.)
IRISH MEDICAL SECRETARY: 16, South Frederick Street, Dublin. (Telegrams: Bacillus, Dublin. Tel.: 4737 Dublin.)

Diary of the Association.

JULY.

3 Tues. Croydon Division: Croydon General Hospital, 8.30 p.m.
North Lancashire and South Westmorland Branch: Annual Meeting, Ethel Hedley Hospital, Calgarth, 3.15 p.m
4 Wed. Bedfordshire Division: Annual Meeting, Swan Hotel, Bedford. Sir Maurice Craig on Nerve Exhaustion, 3 p.m. Luncheon, 1.15 p.m. Executive Committee, 2.30 p.m.
Dorset and West Hants Branch: Church House Hall, Wimborne, 3 p.m.
Sheffield Division: Luncheon to welcome successful Students at Final M.B., Royal Victoria Hotel, Sheffield, 1.15 p.m.
5 Thurs. London: Psycho-Analysis Committee, 2 to 4 p.m.
Norfolk Branch: Annual Meeting, Town Hall, Aylsham, 3 p.m.
6 Fri. London: National Formulary Subcommittee, 11.30 a.m.
North Wales Branch: Annual Meeting, North Wales Sanatorium, Llangwyfan, Denbigh.
Sheffield Division: Church House, St. James Street, Sheffield, 8.30 p.m.
10 Tues. St. Pancras Division: B.M.A. House, Tavistock Square, W.C.1. Dr. W. Camac Wilkinson on the Home Treatment of Tuberculosis by the General Practitioner, 9 p.m.
14 Sat. Bournemouth Division: Social Meeting, Pitt Rivers Museum, Farnham, Blandford.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcement of Births, Marriages, and Deaths is 9s., which sum should be forwarded with the notice not later than the first post on Tuesday morning, in order to ensure insertion in the current issue.

MARRIAGES.

MONCRIEFF-WEDMORE.—On June 20th, at All Saints, Clevedon, Somerset, Alan Moncrieff, M.D., M.R.C.P., to Honor, only child of Mr. and Mrs. Cecil Wedmore.

WALKER-DARNTON.—At St. Michaels and All Angels, Carleton, near Pontefract, on June 19th, 1928, George Frederick Walker, M.D., M.R.C.P., late Resident Medical Officer, the General Infirmary at Leeds, to Alma, elder daughter of Mr. and Mrs. Herbert Darnton of Carleton.

DEATH.

WILLIAMS.—At Villerville, on June 18th, Richard Tudor Williams, M.B., B.S.Lond., of Llanfairfechan and of Plas-y-Ward, Ruthin.

Printed and published by the British Medical Association, at their Office, Tavistock Square, in the Parish of St. Pancras, in the County of London.

NAL

5. for
strict
S.W.1,

ymns,
this
first

ations

nnual
leton:

ockley
m., if
phone
Broad
Cross
Hos-
se of
p.m.
, W.1.
eneral
gical,
dical,
p.m.,
Dental
Throat
inics;
inics;

Hydro-

Sat.
Royal
Mon.,

siness

tcent.
edical
ange.
(Tele-
(Tele-

nnual
lford.
heon,
borne,
dents
p.m.
Sana-
field,
uare,
ment
seum,

and
otice
r to

erset,
Mrs.
onte-
late
elder

M.B.;